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99 JUL -8 PM 12:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45681

1. Corporation Name
MR. AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
750 W KING ST. COCOA FL 32922	750 W KING ST. COCOA FL 32922

06/24/99 90009 021 $150.00
022 $ 8.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1986

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2790336 — Applied For — Not Applicable

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, SANFORD H.
12000 BISCAYNE BLVD.
SUITE 203
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	BRYAN, STEPHEN KIM		1.2 NAME	BRYAN, SILVIA ANA	
STREET ADDRESS	870 NEW HAMPTON WAY		1.3 STREET ADDRESS	870 NEW HAMPTON WAY	
CITY-ST-ZIP	MERRIT ISLAND FL		1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, MICHAEL CHARLES		2.2 NAME		
STREET ADDRESS	1336 ESTRIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, SANFORD H.		3.2 NAME		
STREET ADDRESS	12000 BISCAYNE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN KIM BRYAN 4-22-99 (407) 631-7148